He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

Concussion Services

Operational Guidelines

July 2026

These operational guidelines should be read in conjunction with the:

Standard Terms and Conditions document; and

Concussion Services Service Schedules ('your contract').

The services you provide must comply with your contract.

Where there are any inconsistencies between the operational guidelines and the Service Schedule, the Service Schedule will take precedence.

This is a living document and will be updated as needed – the latest version will be available on the ACC website at www.acc.co.nz.

ACC will consult with Suppliers if substantial changes to this document are proposed.

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Introduction to Concussion Services

Concussion Services help Clients recover from mild to moderate traumatic brain injuries (TBIs) and return to daily life, including work or school. Referrals come from General Practitioners, Urgent Care Centres, Health New Zealand - Te Whatu Ora hospitals, or directly from ACC. No prior approval from ACC is needed, but an accepted claim for cover should be confirmed.

The service focuses on early assessment, triage, and rehabilitation, providing necessary and clinically appropriate interventions. By identifying Clients at risk of long-term consequences, the service offers effective interventions and education to prevent persistent symptoms and further brain injuries. Education is also provided to reduce the incidence of re-injury. Clients receive culturally safe and competent care, ensuring high satisfaction. The goal is to achieve long-term recovery without needing further support from ACC.

Purpose

The purpose of the service is to:

- Support Clients' recovery and prompt return to their everyday life, including work or school.
- Reduce the incidence of long-term consequences, such as persisting concussion symptoms, by identifying Clients likely to develop long-term consequences and providing them with effective interventions and education.
- Reduce the incidence of further brain injury by providing Clients with education about traumatic brain injury.
- Include assessments and treatments to help Clients achieve long-term recovery so that they no longer require services under this contract.

Service objectives

ACC will measure the success of this service based on the following objectives:

- Clients are appropriately assessed to meet their injury-related needs.
- Services provided are necessary, appropriate, clinically appropriate, and cost-effective.

- Clients return to their usual activities of everyday life, including work or school, and no longer require continued support from ACC for their brain injury.
- Clients are provided with education to reduce the incidence of subsequent concussion injuries.
- Clients receive education and strategies to prevent delayed recovery from concussion symptoms and to reduce the impact of these symptoms.
- Clients receive culturally safe and competent services and report high levels of satisfaction with the services provided.

Client eligibility

Clients can be assessed for entry into the Concussion Service if they meet the following criteria:

- They have been diagnosed by a Medical Practitioner or Nurse practitioner as having (or are suspected of having):
- a mild or moderate traumatic brain injury,
- persisting concussion symptoms, or
- an acquired brain injury resulting from non-fatal strangulation or suffication.
- The injury occurred within the last 12 months.
- They have an accepted claim with ACC.
- They are at risk of delayed recovery.

It is the Supplier's responsibility to ensure that the referred Client meets these eligibility criteria, regardless of the referral source.

Service delivery

Referral process

- **Referral sources:**
    - ACC (on an ACC883 form with an accompanying purchase order).

  - Medical Practitioners or Nurse Practitioners at Health New Zealand - Te Whatu Ora hospitals, general or private practices, and urgent care clinics (on an ACC883 form – no purchase order required).
  - Registered nurses and Allied Health professionals at Health New Zealand - Te Whatu Ora hospitals with clinical notes supporting a traumatic brain injury (on an ACC7988 form – no purchase order required).
- **Referral forms:**
  - ACC referrals: ACC Concussion Service Referral Form (ACC883) with a valid purchase order.
  - Health New Zealand - Te Whatu Ora hospitals: ACC Concussion Service Direct Referral form (ACC7988).
  - Urgent care clinics, general or private practices: Concussion Service Referral Form (ACC883) or equivalent information.
- **Referral acceptance:**
  - Check that the client meets the eligibility criteria.
  - Decline and return referrals if the client does not meet eligibility criteria or if information is inadequate.
  - If unable to accept the referral, inform the client and forward the referral to another suitable supplier. (If the referral was from ACC, notify ACC within two business days).

Concussion Service forms are available on the https://www.acc.co.nz page by entering the form number using the search function.

Service stages

Triage

The Triage stage involves an initial assessment to determine if a client needs further Concussion Services. This assessment can be done by phone or in-person and must start within five business days of accepting the referral. The Triage includes reviewing the client's

recovery progress, providing relevant education, and advising the referrer of the outcome. It should be completed within one hour, which can be spread over several sessions if needed.

Stage 1 - Education and Assessment

In Stage 1, clients who continue to show signs of brain injury and are at risk of delayed recovery receive education and risk assessments. This stage begins within ten business days of completing the Triage. It includes providing education on recovery timeframes and symptom management, and conducting case reviews by a Neuropsychologist and a Medical Practitioner to determine the need for in-person assessments and the soundness of the rehabilitation program. Group education sessions can be used where appropriate.

Stage 2 - Treatment and Rehabilitation

Stage 2 is for clients who need ongoing rehabilitation beyond self-management. This stage involves assessing and treating the client's rehabilitation needs, encouraging effective recovery strategies, and planning for a return to work, school or life role. If necessary, clients may be referred to ACC's Stay at Work service for additional support. The goal is to provide necessary services only where there is an ongoing clinical need.

Additional services within Stage 1 or Stage 2

These services are available in both Stage 1 and Stage 2 to assess and support the client's ongoing treatment and rehabilitation. The services are used based on the client's clinical needs.

Allied Health Assessments include evaluating and advising on managing persistent concussion symptoms, assessing return to work or school requirements, exercise tolerance, vestibular function, and differential diagnoses.

Neuropsychological Screen aims to identify psychological factors affecting the client's symptoms and help formulate a rehabilitation plan. It includes assessing pre- and post-injury cognitive, behavioural, and emotional functioning, as well as family, social, and substance use factors. Note: A summary report must be submitted to ACC and the client's primary care provider.

Medical Assessment involves a qualified medical practitioner reviewing the client's clinical information, conducting an examination, and providing notes, letters or a report. This includes the client's clinical history, diagnosis, injury-related symptoms, and recommendations for further treatment. The assessment may also discuss the client's fitness for work or school and include neurological testing.

Other Discipline Assessment allows the supplier to refer the client to another clinical discipline outside the interdisciplinary team for further advice on rehabilitation needs. The advice must meet the same requirements as the medical assessments, including submitting all relevant reports and notes.

Services for children and young people

Definition - Clients aged 0-16 years, or still at school. Providers should take the Client's developmental stage into account when determining appropriate services. Where the Supplier intends to provide specialist paediatric rehabilitation all service Suppliers must have at least two years' experience providing brain injury therapy services to this age group.

The Supplier must notify ACC of their ability to provide services for children and young people to ensure the Concussion Services provider list is up to date.

Service location

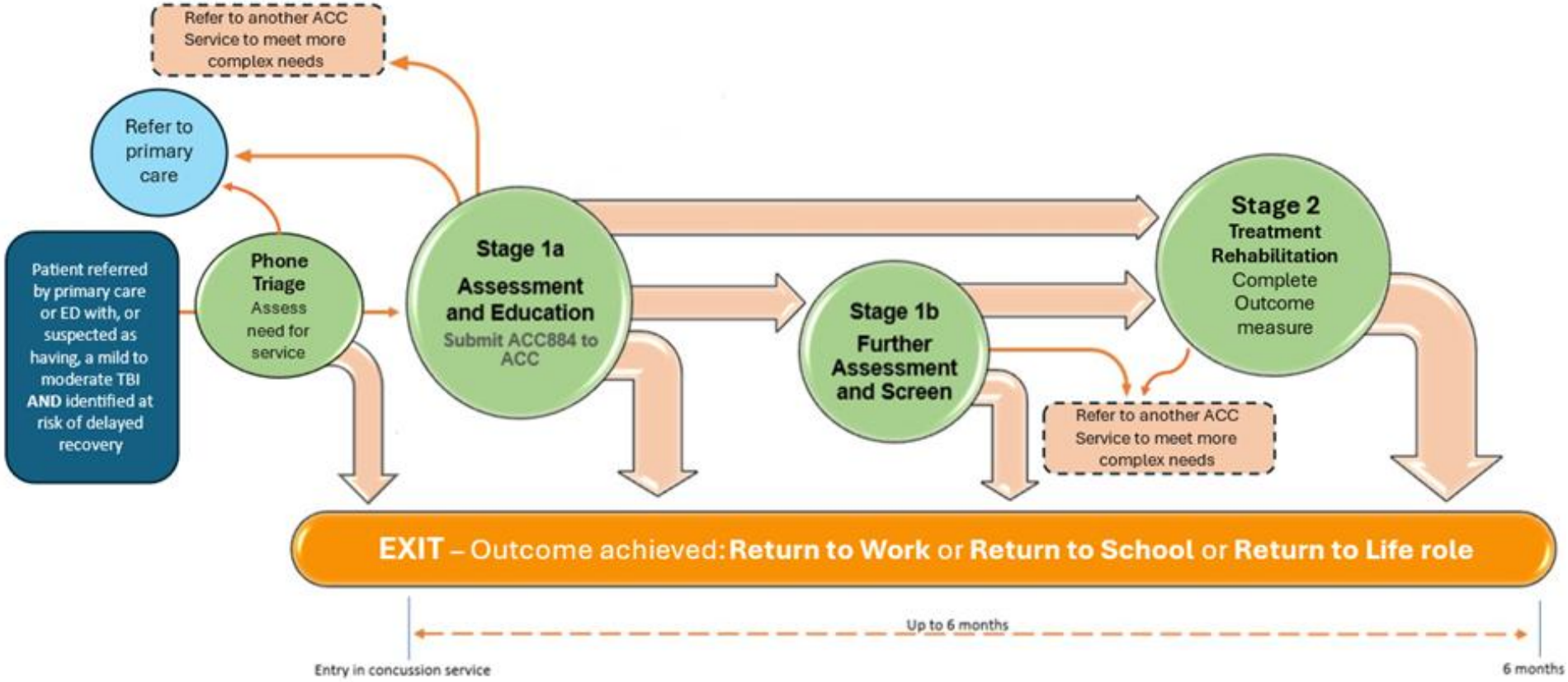
Services will be provided in a suitable location, considering the Client's injury and the need for an Interdisciplinary Team. Ideally, all rehabilitation interventions should take place at one clinic rather than multiple locations. In exceptional cases, services may be delivered remotely via Telehealth if it best meets the Client's needs and circumstances. The primary method for delivering services is in-person.

Service completion

- A Client completes the service when they have achieved the identified outcomes that enable them to return to work or school, or life role.

- If outcomes have not been achieved, this should be noted on the ACC884 Client Summary Report with recommendations for alternative ACC or non-ACC services as relevant to the client's situation.

Process map showing the client's pathway through the Concussion Service:



Service item codes

Table 1 – Use of service item codes for the different activities in the service.

Service	Activity Group	Service Item Codes
Triage	Triage – phone call or in person service to determine if a client requires a concussion service based on current needs and presentation	TBI05 –Triage
Education and Assessment	Education, risk assessment	TBI21– Education, assessment of risks to recovery TBI13 – Neuropsychologist case review TBI14 – Medical Specialist case review
Treatment and Rehabilitation	Therapy	TBI26 – Allied health therapy TBI27 – Psychologist consultation TBI28 – Medical Specialist consultation
Education and Assessment and/or Treatment and Rehabilitation	Clinical Assessments	TBI22 – Allied health Assessment TBI23 - Neuropsychologist Screen TBI30 – Medical Specialist TBI25 – Other discipline
Coordination	All	TBI29 – Key worker/coordinator

Service timeframes

Table 2 – Service and reporting timeframes

Service Activity	Responsibility	Timeframe
Concussion Service duration	Supplier	Six months from service commencement.
Notification to the referrer and ACC if referral is declined	Supplier	Within two business days of receipt of referral.
Commence Triage services	Supplier	Within five business days of referral acceptance.
Commence Stage 1 services	Supplier	Within ten business days of completing Triage services.
Stage 1 services (including the case reviews by Neuropsychologist and Medical Practitioner	Supplier will electronically submit the ACC884 Client Summary Report to ACC and the Client's primary healthcare provider	Within ten business days of Stage 1 services having commenced.
Submit Medical Assessment or Neuropsychological Screen notes, report, letter or summaries	Supplier	Immediately following the Medical Assessment or Neuropsychological Screen.
Submission of the Client Summary Report (ACC884)	Supplier	Within five business days of either completion of services/service exit, or identifying the Client needs services other than Concussion Services.
Request for clinical notes	Supplier will provide to ACC	Within five business days of the request being received.

If the client did not attend an agreed appointment and failed to notify the Supplier	Supplier will submit a Did Not Attend Report (ACC885) to ACC	As soon as possible, but no later than three business days of the missed appointment.

Service quality

Interdisciplinary team (IDT)

Core team requirements

The Supplier must have a core team available at each service location, including at least:

- Medical Practitioner
- Neuropsychologist
- Clinical Psychologist and/or Psychologist
- Occupational Therapist
- Physiotherapist.

Non-core team

The Supplier may also consult these additional health professionals:

- Registered Nurse
- Speech Language Therapist
- Social Worker.

Qualifications, experience, competency and supervision requirements for Service providers

All team members must meet the qualifications, registration, membership, experience, and competency criteria outlined in the below table (refer Part B: Table 2 of the Concussion Service Schedule).

Table 3 – Criteria for the members of the interdisciplinary team:

Discipline	Criteria
Medical Practitioner	**Qualifications** Current vocational registration in, and practising within, any of the following recognised branches of medicine: • General Practice • Internal Medicine • Neurology • Neurosurgery • Occupational Medicine • Paediatrics • Psychological Medicine or Psychiatry • Rehabilitation Medicine • Sport and Exercise Medicine **Experience** A minimum of two years' recent experience practicing within their specialist vocational scope. **Competency** Must demonstrate competency in the following areas (and be able to support this with evidence): • Mild to moderate brain injury assessment and Differential Diagnosis. • Screening for identifying Clients at risk of a delayed recovery from mild to moderate brain injury. • The medical management of mild to moderate brain injury. • Ability to work within a wider Interdisciplinary Team providing rehabilitation towards Client-centred, functional outcomes. Ability to identify the risks and benefits of a Client returning to work/School/ activity while recovering from a mild to moderate brain injury.

Neuro-psychologist	**Qualifications** • Current annual practising certificate with NZ Psychologist Board – with either of the following scopes of practice: Clinical Psychologist or Neuropsychologist; and • Be a current member of at least one of the following: - NZ Psychological Society, - NZ College of Clinical Psychologists, or - an appropriate international neuropsychological professional body; and • Have successfully completed a university-based graduate or postgraduate course or papers in neuropsychology. **Experience and competencies** • Demonstrate a minimum of 24 months' post-graduate recent experience in supervised neuropsychological assessments and rehabilitation. **Competency** Must demonstrate competency in the following areas (and be able to support this with evidence): • Knowledge of and competency to use and interpret neuropsychological tests. • Appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment. • Ability to identify and apply best available current evidence in professional practice and decision making. • Maintains and improves knowledge, skills and new evidence for practice. • Reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice. **Supervision** Where a provider does not meet the above criteria, the Supplier will ensure that there is a supervision arrangement in place. The supervisor must meet all the criteria in this table and have a minimum of five years' experience in assessing, treating and rehabilitating people with mild to moderate brain injuries. The supervisor must also have a minimum of one year's recent experience acting as a provider under the ACC Neuropsychological Services contract or Concussion services contract.
Clinical Psychologist or Psychologist	**Qualifications** • Current annual practicing certificate with the NZ Psychologist Board – with either of the following scopes of practice: Clinical Psychologist or Psychologist; and • Has a qualification that meets at least level 8 (postgraduate) of an NZQA recognised course of study, which includes in its content: assessment, classification, and formulation; abnormal psychology; skills in two or more models of therapeutic intervention; human development and knowledge and skills in the use of

	psychometric tools (if using psychometrics). • Holds current membership with at least one of the following: - NZ Psychological Society, - NZ College of Clinical Psychologists, or - An appropriate international neuropsychological/psychological professional body **Experience** Has a minimum of two years' recent experience in working with Clients who have mental health difficulties associated with physical injuries (not including clinical placements and internships) **Competencies** Regarding **mild to moderate brain injury**, must demonstrate competency in the following areas (and be able to support this with evidence): • Ability to identify and apply best available current evidence in professional practice and decision making. • Ability to apply appropriate screening, outcome measurement and data collection tools to professional practice and decision making. • Maintains and improves knowledge, skills and new evidence for practice. • Reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice. **Supervision requirements for Clinical Psychologist or Psychologist** • The Supplier will ensure that all Service Providers will have a supervisory agreement in place with a professional peer who is appropriate for the services being provided, and the Supplier will supply ACC with the contact details and qualifications of all Service Providers' supervisors.
Allied Health **Registered Nurse**	**Qualifications** • Current registration with their relevant professional body and current Annual Practicing Certificate. **Experience** • Minimum of two years' recent postgraduate clinical experience **Competencies** Regarding **mild to moderate brain injury**, must demonstrate competency in the following areas (and be able to support this with evidence): • Ability to identify and apply best available current evidence in professional practice and decision making. • Ability to apply appropriate screening, outcome measurement and data collection tools to professional practice and decision making. • Maintains and improves knowledge, skills and new evidence for practice.

	• Reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice.
Specialists with other Scopes of Practice	**Qualifications** • Current registration with relevant professional body • Annual Practicing Certificate where appropriate **Experience** • A minimum of two years' experience in acquired or traumatic brain injury; or • Training in brain injury along with supervision until the provider has gained two years' experience
Key Worker/Co-ordinator	The Key Worker/Co-ordinator role can be fulfilled by any service provider who meets the requirements outlined in the above table for the relevant profession and does not require supervision.

Suppliers are responsible for ensuring that all members of the Interdisciplinary team meet ACC's qualifications, experience, competency and supervision criteria.

Suppliers will maintain records showing that all the qualifications, experience, competency supervision and training for all members of the interdisciplinary team. ACC may request verification that service providers meet the required criteria. Records can include:

- **Qualifications:**
    - Proof of professional registration and membership with relevant bodies.
    - Documentation of any additional certifications or specialised training completed.
- **Experience:**
    - Resumes or CVs outlining work history and relevant experience.
    - Letters or or references from previous employers.
    - Records of completed projects or case studies demonstrating practical experience.
- **Competency:**
    - Performance evaluations and feedback from supervisors.
    - Peer review feedback.

- Records of ongoing professional development and training.
- Documentation of successful completion of assessments or exams.

These records help ensure that all team members meet the necessary standards and can provide high-quality services.

Supplier and service performance

The key measure of success of this service is that Clients will recover and meet their agreed rehabilitation outcomes such as returning to work, school or if not in employment, their life role.

Supplier performance measures

Suppliers' performance will be measured and benchmarked as outlined in the table below on:

- Client Return to Work Outcomes
- Service Progression
- Timeliness of Service Entry

Where targets are expressed as the "National Average or one deviation higher/lower", ACC compares the Supplier's results to the national average for that measure. Performance may be reviewed more closely where it is significantly different from the national average (for example, outside the normal range, trending worse over time, or noticeably different from similar suppliers without a clear reason), or where the Supplier is managing a relatively low number of claims compared to others.

Table 4 - Supplier performance measures

Performance Measure	Description	Target	Source of data
Return to work outcome (effectiveness).	Proportion of Clients receiving weekly compensation for more than 26 weeks following entry into Education and Assessment Services (Stage 1).	National Average or one deviation **higher.**	Percentage of clients receiving weekly compensation

			26 weeks from date of first TBI21.
Return to work outcome (efficiency)	Average number of weeks of weekly compensation received following entry into Education and Assessment Services (Stage 1).	National Average or one deviation **higher.**	Average number of weeks of weekly compensation paid from date of first TBI21.
Return to work outcome (sustainability)	Proportion of Clients who have sustained their return to work for at least three months.	National Average or one deviation **lower.**	Percentage of clients not receiving weekly compensation 3 months after the last payment.
Timeliness of Service entry	Proportion of Clients who enter Education and Assessment Services (Stage 1) within two weeks of injury date.	National Average or one deviation **higher.**	Time between injury date and date of first TBI21.
Timeliness of Service entry	Proportion of Clients who enter Education and Assessment Services (Stage 1) after six months of injury date.	National Average or one deviation **higher.**	Time between injury date and date of first TBI21.
Service progression	Proportion of Clients who enter Treatment and Rehabilitation Services (Stage 2) from Education and Assessment Services (Stage 1).	National Average or one deviation **higher.**	Percentage of clients receiving TBI26.

Six monthly Supplier reporting requirements

The Supplier is required to submit a six-monthly report to ACC. This should be submitted as follows to **ConcussionServices@acc.co.nz**:

- For 1 July – 31 December; within 15 business days after the end of the reporting period
- For 1 January – 30 June; within 10 business days after the end of the reporting period.

Table 5 – Supplier reporting content

<table>
<tr><th>Information</th><th>Frequency</th><th>Via</th></tr>
<tr><td><u>Supplier Six-monthly Report</u>

Six-monthly report on Concussion Services. This will include:
• The total number of referrals received in the reporting period and the source of those referrals from either:
  ○ Medical or Nurse Practitioner (primary care)
  ○ Te Whatu Ora Hospital
  ○ ACC
• Median time from referral acceptance to ACC884 submission to ACC
• Outcome measurement results: The percentage of Clients who complete Concussion Services (Stage 2) and the extent of achievement (within the specified timeframes) of the outcomes/goals specified in the Client's rehabilitation plan. The extent of achievement of each Client's goals is defined as follows:

Extent of achievement — Means</td><td>Six-Monthly</td><td>Supplier to ACC</td></tr>
</table>

	Fully achieved	100% of goals achieved	
	Partially achieved	≥50% of goals achieved	
	Minimally achieved	<50% of goals achieved	
	No achievement	No goals achieved	
• The above measures will be completed for the general population and specifically for Māori. • Detail on continuing Service improvement undertaken in the past 6 months.			

Service exclusions

The following services are not intended for or included within the Concussion Service:

- Inpatient services for traumatic brain injury
- Elective surgical treatment arising out of any assessment
- Social rehabilitation assessments
- Pain management services
- Training for Independence services
- Longer-term musculoskeletal manual therapy
- Longer-term clinical psychological therapy
- Comprehensive neuropsychological or neuropsychiatric assessment and treatments
- Radiological and other clinical investigations (e.g., Computerised Tomography (CT), Magnetic Resonance Imaging (MRI), and Electro-encephalogram (EEG))
- Sleep studies

- Transport of the Client to and from the clinic or place where the Service is being delivered
- Service provider travel to and from their residence or normal place of business to another place of their business

Reimbursement of costs when requesting clinical notes

When a Supplier obtains up to five years of GP Client notes and is invoiced by the GP, they can be reimbursed by invoicing ACC using the service item code COPY, up to $30 ($1 per page). For costs exceeding $30, request a purchase order from ACC..

When a Supplier (not a public hospital) obtains up to 5 years of public hospital notes and is billed by the hospital, they can be reimbursed by ACC using the service item code COPY, up to $30 ($1 per page). If the Supplier is not billed for the Client notes, they cannot be reimbursed.

Table 6 – Use of service item codes for clinical notes requests

Supplier	Service code	Service description	Fee (GST excl)
Te Whatu Ora (Health NZ) hospital	DHBC	Photocopying of medical notes. Paid per page and includes all administration time to process the request	Hospital providers refer to the existing price schedule.
Non-hospital	COPY	Photocopies of notes that do not need reviewing and editing by a GP or specified treatment provider (no purchase order is required for COPY) Includes admin tasks, such as searching, reviewing and collating.	$1.00 per page (min $5.00, max $30.00) • Minimum charge of 5 pages Maximum of 30 pages